2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P00000113682 Mar 01, 2001 8:00 am **Secretary of State** WATER TOY CAR WASH, INC. 03-01-2001 91343 037 ***150.00 Principal Place of Business Mailing Address 5125 LONGFELLOW AVE W 5125 LONGFELLOW AVE W **TAMPA FL 33629 TAMPA FL 33629 600033463** 2. Principal Place of Business 3. Mailing Address 5125-LONGERLUM AVE 6820-5. MACDIU Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Cir 59-3688713 TANKE RMPP Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired HOUS BONGUCH Fee Required <u> 336(\</u> <u> ጓ</u>ኌ७ ጊ፡ Houses Bernitt 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BETVALCOURT ROBERI BETANCOURT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5125 LONGFELLOW AVE W **TAMPA FL 33629** ひっとくー しろしんかにしこ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME BETANCOURT, ROBERT NAME STREET ADDRESS STREET ADDRESS 5125 LONGFELLOW AVE W CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33629 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BETANCOURT, IRENE NAME STREET ADDRESS STREET ADDRESS 5125 LONGFELLOW AVE W CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33629** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBBET BETENCOUR! 2/22/01 813 837 445

CR2E034 (10/00)